

State: Arkansas **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: TLTL2200IP-AR
Project Name/Number: TLIC Term to 80 - Individual/L053

These forms are subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officers' signatures. Bracketed information is intended to be variable.

We would appreciate your review and approval of these forms. Should you have any questions or need any additional information, please do not hesitate to contact me.

Company and Contact

Filing Contact Information

Pat Ray, Pat.Ray@transamerica.com
1150 South Olive St 213-741-6762 [Phone]
Los Angeles, CA 90015

Filing Company Information

| | | |
|-------------------------------------|-------------------------|-------------------------|
| Transamerica Life Insurance Company | CoCode: 86231 | State of Domicile: Iowa |
| 4333 Edgewood Road, NE | Group Code: 468 | Company Type: |
| Cedar Rapids, IA 52499 | Group Name: | State ID Number: |
| (319) 355-7888 ext. [Phone] | FEIN Number: 39-0989781 | |

Filing Fees

| | |
|------------------|-----------------------------------|
| Fee Required? | Yes |
| Fee Amount: | \$150.00 |
| Retaliatory? | No |
| Fee Explanation: | \$50.00 per filed form x 3 forms. |
| Per Company: | No |

| Company | Amount | Date Processed | Transaction # |
|-------------------------------------|----------|----------------|---------------|
| Transamerica Life Insurance Company | \$150.00 | 09/07/2012 | 62491077 |

| | | | | | |
|-----------------------------|--|--------------------------|-------------------------------------|----------------------------|---|
| SERFF Tracking #: | AEGB-128669129 | State Tracking #: | | Company Tracking #: | TLTL2200IP-AR, TLTL2200IPA, TLTL2200IPA ... |
| State: | Arkansas | Filing Company: | Transamerica Life Insurance Company | | |
| TOI/Sub-TOI: | L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life | | | | |
| Product Name: | TLTL2200IP-AR | | | | |
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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 09/13/2012 | 09/13/2012 |

| | | | | | |
|--------------------------|----------------|--------------------------|--|----------------------------|--|
| SERFF Tracking #: | AEGB-128669129 | State Tracking #: | | Company Tracking #: | TLTL2200IP-AR, TLTL2200IPA, TLTL2200IPA ... |
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Disposition

Disposition Date: 09/13/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--|----------------------|---------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | No |
| Supporting Document | Life & Annuity - Acturial Memo | | No |
| Supporting Document | Summary and Disclosure Notice - ADB Option | | Yes |
| Supporting Document | Explanation of Variability (EOV) | | Yes |
| Form | Term to Age 80 Life Insurance Policy | | Yes |
| Form | Application | | Yes |
| Form | Application Verification | | Yes |
| Rate | Basic Reserves Per Unit | | Yes |
| Rate | Deficiency Reserves Per Unit | | Yes |
| Rate | Rate Table A | | Yes |

| | | | | | |
|--------------------------|----------------|--------------------------|--|----------------------------|--|
| SERFF Tracking #: | AEGB-128669129 | State Tracking #: | | Company Tracking #: | TLTL2200IP-AR, TLTL2200IPA, TLTL2200IPA ... |
|--------------------------|----------------|--------------------------|--|----------------------------|--|

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Filing Company: Transamerica Life Insurance Company
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Form Schedule

| Lead Form Number: TLTL2200IP-AR | | | | | | | |
|---------------------------------|----------------------|--------------------|-----------|--------------------------------------|------------------------------|-------------------|------------------------|
| Item No. | Schedule Item Status | Form Number | Form Type | Form Name | Action/ Action Specific Data | Readability Score | Attachments |
| 1 | | TLTL2200IP-AR | POL | Term to Age 80 Life Insurance Policy | Initial: | 52.200 | TLTL2200IP-AR.pdf |
| 2 | | TLTL2200IPA | AEF | Application | Initial: | 50.200 | TLTL2200IPA.pdf |
| 3 | | TLTL2200IPA APPVER | AEF | Application Verification | Initial: | 51.300 | TLTL2200IPA APPVER.pdf |

Form Type Legend:

| | | | |
|-------------|---|-------------|--|
| ADV | Advertising | AEF | Application/Enrollment Form |
| CER | Certificate | CERA | Certificate Amendment, Insert Page, Endorsement or Rider |
| DDP | Data/Declaration Pages | FND | Funding Agreement (Annuity, Individual and Group) |
| MTX | Matrix | NOC | Notice of Coverage |
| OTH | Other | OUT | Outline of Coverage |
| PJK | Policy Jacket | POL | Policy/Contract/Fraternal Certificate |
| POLA | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | SCH | Schedule Pages |

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, Iowa 52499]
Administrative Office: [2700 W. Plano Pkwy., Plano, TX 75075]

[1-800-732-1821]

FOR YOUR INFORMATION

This is a life insurance Policy that stops at Age 80. In this Policy, Transamerica Life Insurance Company is referred to as "we," "our," or "us." The Insured is "you," "your," or "yours." The Policy is a legal contract. We rely on your Application to issue your Policy. We depend on your payment of premiums when due. You rely on us to honor its terms.

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| What Happens When You Die..... | 4 | Premiums | 5 |
| How We Pay Benefits | 4 | Other Important Information | 6 |
| Accelerated Death Benefit Option | 4 | Claims..... | 7 |

YOUR RIGHT TO EXAMINE THE POLICY: You may return this Policy for any reason within 30 days of the date you receive your Policy. Any Premium paid is immediately refunded. The Policy is treated as if it never existed. No benefits are paid.

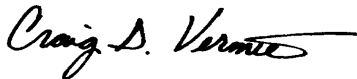
GUARANTEED RENEWABLE TO AGE 80: We promise to renew this Policy until you attain Age 80 as long as you continue to pay your premium when due.

This is a legal contract between you and us. **READ YOUR POLICY CAREFULLY.**

IMPORTANT: If you receive payment of accelerated benefits from a life insurance policy, you may lose your right to receive certain public funds, such as Medicare, Medicaid, Social Security, Supplemental Security, Supplemental Security Income (SSI), and possibly others. Also, receiving accelerated benefits from an insurance policy may have tax consequences for you. We cannot give you advice about this. You may wish to obtain advice from a tax professional or an attorney before you decide to receive accelerated benefits from a life insurance policy.

The accelerated benefit is not intended to qualify under section 101(g) or section 7702B of the Internal Revenue Code of 1986 as amended by Public Law 104-191.

IN WITNESS, this Policy is signed by our President and Secretary.



[Secretary]



[President]

TERM TO AGE 80 LIFE INSURANCE POLICY
ANNUALLY RENEWABLE
PREMIUMS ARE NOT GUARANTEED AND
SUBJECT TO CHANGE AFTER THE FIRST POLICY YEAR
ACCELERATED DEATH BENEFIT OPTION
Convertible Non-Participating

POLICY SCHEDULE

INSURED: **[JOHN DOE]**

FACE AMOUNT: **[\$5,000]**

POLICY NUMBER: **[123456]**

EFFECTIVE DATE: **[06/01/12]**

ISSUE DATE: **[06/01/12]**

POLICY ANNIVERSARY: **[06/01/13]**

AGE AT ISSUE: **[45]** SEX: **[M]**

INITIAL PREMIUM: **[\$6.67]**

1ST YEAR RENEWAL PREMIUM: **[\$6.67]** **[\$20.00]** **[\$40.00]** **[\$80.00]**
 Monthly Quarterly Semi-Annually Annually

BENEFICIARY: **[Last Documented Beneficiary]**

POLICY OWNER: **[JOHN DOE]**

IF YOU PAY YOUR PREMIUMS MONTHLY, QUARTERLY OR SEMI-ANNUALLY, THE TOTAL AMOUNT OF PREMIUM YOU PAY IN A YEAR MAY BE HIGHER THAN IF YOU MAKE ONE ANNUAL PAYMENT. YOUR FOUR PAYMENT OPTIONS ARE SHOWN ABOVE.

TABLE OF RENEWAL PREMIUMS

| Attained Age | Effective Date [Annual] Renewal Premiums | Guaranteed Maximum [Annual] Premiums | Attained Age | Effective Date [Annual] Renewal Premiums | Guaranteed Maximum [Annual] Premiums |
|--------------|--|---|--------------|--|---|
| 45 | \$80.00 | \$80.00 | 65 | \$246.55 | \$679.65 |
| 46 | \$80.00 | \$180.00 | 66 | \$246.55 | \$679.65 |
| 47 | \$80.00 | \$180.00 | 67 | \$246.55 | \$679.65 |
| 48 | \$80.00 | \$180.00 | 68 | \$246.55 | \$679.65 |
| 49 | \$80.00 | \$180.00 | 69 | \$246.55 | \$679.65 |
| 50 | \$101.60 | \$244.80 | 70 | \$392.90 | \$1,118.70 |
| 51 | \$101.60 | \$244.80 | 71 | \$392.90 | \$1,118.70 |
| 52 | \$101.60 | \$244.80 | 72 | \$392.90 | \$1,118.70 |
| 53 | \$101.60 | \$244.80 | 73 | \$392.90 | \$1,118.70 |
| 54 | \$101.60 | \$244.80 | 74 | \$392.90 | \$1,118.70 |
| 55 | \$137.15 | \$351.45 | 75 | \$646.90 | \$1,880.70 |
| 56 | \$137.15 | \$351.45 | 76 | \$646.90 | \$1,880.70 |
| 57 | \$137.15 | \$351.45 | 77 | \$646.90 | \$1,880.70 |
| 58 | \$137.15 | \$351.45 | 78 | \$646.90 | \$1,880.70 |
| 59 | \$137.15 | \$351.45 | 79 | \$646.90 | \$1,880.70 |
| 60 | \$182.80 | \$488.40 | | | |
| 61 | \$182.80 | \$488.40 | | | |
| 62 | \$182.80 | \$488.40 | | | |
| 63 | \$182.80 | \$488.40 | | | |
| 64 | \$182.80 | \$488.40 | | | |

THE PREMIUMS SHOWN ABOVE INCLUDE A \$30.00 ANNUAL POLICY FEE.

PART I: DEFINITIONS

AGE means, on the Policy Effective Date, your current age based on your last birthday. Your Age increases by one on each Policy Anniversary. Your Age increase, for purposes of this Policy, will always occur on the Policy Anniversary even if your actual birthday occurs (in most cases) during the Policy Year prior to the Policy Anniversary.

BENEFICIARY means the person(s) designated to receive the life insurance benefit provided by this Policy.

INSURED means the individual named in the Policy Schedule.

LAPSE means your Policy coverage stops because you have not paid your premium by the end of the grace period. (Grace period is explained in Part VIII: Premiums).

NON-PARTICIPATING means your Policy does not share in our surplus earnings.

OWNER means the Owner of this Policy. The Owner is named as the Policy Owner in the Policy Schedule. (Ownership is explained in Part IX: Other Important Information).

PHYSICIAN means a licensed physician or other practitioner who is practicing within the scope of his or her license. Your spouse, parent, child, brother or sister, or any person living with you is not considered an eligible Physician.

POLICY ANNIVERSARY means any anniversary of the date this Policy takes effect.

POLICY YEAR means the 12 month period ending on any Policy Anniversary.

POLICY EFFECTIVE DATE means the date your coverage starts.

PREMIUM means the payment required to keep your insurance in force.

PART II: WHEN THE COVERAGE STARTS AND STOPS

COVERAGE STARTS

This insurance takes effect only after two things happen:

1. we approve your Application Form; and
2. we receive the first premium payment [before][within 21 days after] the Policy Effective Date.

These two things must happen while you are alive. Your coverage then starts at 12:01 A.M. Standard Time at your home on the Policy Effective Date.

WHEN COVERAGE STOPS

Coverage stops on the earliest of:

1. the date you reach Age 80;
2. the date you convert to a whole life insurance policy;
3. the date the 31 day Grace Period ends if you fail to pay the premium when due;
4. the date of your death; or
5. the date you cancel your policy.

You may cancel your coverage upon notice to us. Notice is deemed given when made in writing, communicated verbally by telephone or in person, or by any other means acceptable to us. Unless required otherwise, coverage is cancelled as of the date the cancellation request is made. Any unused Premium is prorated from the date of cancellation and refunded to you.

Cancellation is without prejudice to any claim originating prior to the date of cancellation.

PART III: WHAT HAPPENS WHEN YOU DIE

We pay the Face Amount if you die while covered under this Policy. The Face Amount is shown on the Policy Schedule. Before we pay, we must be given proof of death.

SUICIDE: If you die by Suicide within two years following the Policy Issue Date, the benefit is limited to the amount of Premiums paid without interest.

PART IV: HOW WE PAY BENEFITS

Any benefit under this Policy is paid in one lump sum. You may request benefits be paid in installments. If you do not make a request before your death, your Beneficiary may request payment in installments shown in the table below. The monthly installments are based on an interest of 3% per annum.

If the Beneficiary dies before all installments are paid, the remaining installments are commuted into one sum at 3% per annum and paid to the estate.

Installments for each \$1000 of Face Amount

| <u>Number of Years Installments are to be Paid</u> | <u>Amount of Each Monthly Installment</u> |
|--|---|
| 2 | \$42.86 |
| 3 | 28.99 |
| 4 | 22.06 |
| 5 | 17.91 |
| 10 | 9.61 |
| 15 | 6.87 |
| 20 | 5.51 |

PART V: ACCELERATED DEATH BENEFIT OPTION

We pay an Accelerated Death Benefit if the Owner chooses to use this option. It is paid if you are diagnosed as having twelve months or less to live. The Owner may choose up to 50% of your Face Amount. This is called the Available Proceeds. We use the Available Proceeds to help determine the benefit amount paid to the Owner. This is explained below. The benefit amount is called the Payable Proceeds.

How the Payable Proceeds are Determined: (a) The Owner chooses the Available Proceeds. (b) An interest rate is established as of the date of your application for this benefit. The interest rate will not exceed the greater of the yield on that day for 90 day treasury bills or the maximum statutory adjustable policy loan interest rate in the state in which the Policy is issued. (c) The Available Proceeds is "discounted to its present value" based on our evaluation of your projected life expectancy by applying this interest rate. (d) We will then calculate the premium payments under your Policy from the date of application through our evaluation of your projected life expectancy. Each premium payment is "discounted to its present value" based on our evaluation of your projected life expectancy by applying the interest rate. (e) The present value of these premium payments is subtracted from the amount computed under item (c). The resulting amount is the Payable Proceeds and is paid to the Owner in a one-time lump sum.

"Discounted to its present value" means determining, on the date of payment, the value of an amount of money you would not otherwise receive until some point in the future.

Payment of this benefit is subject to the following conditions:

1. We must receive a Physician's statement which: (a) gives the diagnosis of your medical condition; and (b) states that because of the nature and severity of the non-correctable condition, your life expectancy is no more than twelve months.
2. The initial diagnosis of the medical condition must be made on or after the Effective Date of this Policy and while it is in force.
3. We have the right to require, at our expense, that you be examined by a Physician of our choosing in order to verify the diagnosis.

4. In the event that your Physician(s) and any Physician appointed by us disagree on whether your life expectancy is no more than 12 months, the opinion of our Physician will prevail. You have the right to bring legal action against us.
5. The Accelerated Death Benefit option may only be used once.
6. The Face Amount used to calculate the Available Proceeds means only this policy's life insurance benefit and that of any attached life insurance riders that are in force at the time of the election. It does not include the face amount under any increasing face amount option Rider, or any non-life insurance riders, or supplemental benefit provisions (e.g., any Accidental Death Benefit Rider is not considered).
7. After this option is used, the Face Amount is reduced by the amount of Available Proceeds elected. This Policy continues as if it had originally been issued at the reduced Face Amount. The premium is adjusted to the amount charged for the reduced Face Amount.
8. We must receive the signed consent of any irrevocable Beneficiary before paying the Accelerated Death Benefit.
9. This benefit is not payable if:
 - a. This Policy is within 2 years of any scheduled expiration date (e.g., your Age 80);
 - b. This Policy has been Assigned; or
 - c. You are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise, or you are required by a government agency to use this option in order to apply for, obtain, or keep a government benefit or entitlement.

IMPORTANT: If you elect this benefit, your payment may be taxable. You are advised to seek the help of a professional tax advisor.

PART VI: WHO ARE BENEFITS PAID TO

BENEFICIARY: If you are the Owner, you choose the person who receives the benefit when you die. This person is called the beneficiary. If there is no beneficiary when you die, the applicable life insurance benefit will be paid to your then living lawful spouse; otherwise equally to your then living lawful children, if any; otherwise equally to your then living parents or parent, if any; otherwise to your estate. Any payment made under this section will fully release us to the extent of the payment. Spouse means only the one to whom you are lawfully married on the date of your death. For the purposes of determining who benefits are paid to, "step" children and "step" parents are not considered to be your lawful children or parents.

CHANGING THE BENEFICIARY: If you are the Owner, you can change your Beneficiary at any time unless you name an irrevocable Beneficiary. An irrevocable Beneficiary is one that can never be changed unless the irrevocable Beneficiary approves the change. We must receive written notice of any change. The change is effective on the date the request for change is signed by you and any irrevocable Beneficiary.

PART VII: HOW TO CONVERT TO WHOLE LIFE INSURANCE

If you are the Owner, you may convert this Policy to an individual whole life insurance policy. This is subject to what individual whole life insurance policy we then have available, if any. This Policy must be in force at the time of the conversion. The conversion may only occur on Premium due dates. We require 31 days prior written notice. The amount of life insurance under the new policy may not exceed this Policy's Face Amount. It may be converted without medical exam or other evidence of insurability. However, any application attached to this Policy will be made part of the whole life insurance policy when the conversion occurs during the first two years of coverage under this Policy. It may be used to contest benefits under the whole life insurance policy during the balance of the time that is may be contested under this Policy. The new Premium will be based on your Age and class at the time you convert to the new policy.

PART VIII: PREMIUMS

PREMIUM PAYMENTS: This policy remains in force as long as premiums are paid when due, subject to the Grace Period. Premiums are payable to Age 80. All Premiums after the first Premium must be paid in advance at our Administrative Office. Premiums are also payable to an authorized agent in exchange for an official receipt signed by our President and Secretary. We do not have the right to refuse a premium paid on or before the date due or within the Grace Period.

AGE RATE ADJUSTMENTS: We increase premiums each time your Age changes to the next Age bracket. This only occurs on a Policy Anniversary. The Table of Renewal Premiums on the Policy Schedule shows: (1) at what Age rate changes occur; and (2) what the rate will be.

RIGHT TO ADJUST PREMIUM RATES: We may change rates by class on any date. We will not increase your rates in the first Policy Year. After the first Policy Anniversary, rates will not increase more than once in any 12 month period. "Class" means all individuals of the same age, sex, and underwriting classification. There will be no change in your class due to any physical impairment. Any change will be based on expectations of future investment earnings, mortality, persistency and expenses. We will provide written notice at least 60 days before the date of change. Your Premium rates will never exceed the Guaranteed Premiums that are listed in the Table of Renewal Premiums that is on the Policy Schedule.

GRACE PERIOD: We allow a grace period of 31 days to pay each premium due after the first one. Coverage continues during this grace period. If you die during the grace period, any premium due is deducted from the death benefit. This provision applies as long as the Policy has not stopped.

REINSTATEMENT: If the policy stops because premiums have not been paid, it may be reinstated. This happens if you: (1) make written request for reinstatement; (2) send satisfactory evidence of insurability; (3) are alive on the date of reinstatement; and (4) make your request within 5 years of when the premium was due and prior to Age 80.

Reinstatement is subject to payment of all overdue Premiums. We charge 6% interest compounded annually on overdue Premiums. The Incontestability period will start again on the Effective Date of Reinstatement.

UNEARNED PREMIUM REFUND: Unearned Premium is any premium amount paid beyond the date of your death or cancellation of this Policy. A refund of unearned Premium upon your death is payable to your Beneficiary. A refund of unearned Premium upon cancellation is paid to you.

PART IX: OTHER IMPORTANT INFORMATION

INCONTESTABILITY: This Policy is "incontestable" after it has been in effect while you are alive for 2 years from the issue date of this Policy. "Incontestable" means we may not deny benefits except for non-payment of premiums when due. Benefits may be denied during the first two years of coverage if you fail to give, to the best of your knowledge and belief, true and complete answers in your Application.

If this Policy is reinstated, benefits may be denied during the first 2 years after your reinstatement date. This happens if you failed to give, to the best of your knowledge and belief, true and complete answers in your reinstatement application.

THE CONTRACT: This Policy, your Application, and any Riders and Rider Applications and any attachments form the entire contract of insurance. A copy of your Application(s) is attached to the Policy.

All statements made by you are representations and not warranties. No statement will be used by us to contest a claim, unless it is contained in the Application(s) completed by you. A copy of the Application(s) will be sent to your Beneficiary if used to contest a claim.

No change in this Policy is effective until approved by one of our officers. Such approval must be noted on or attached to this Policy. No agent has the authority to change this Policy or waive any of its provisions.

MISSTATEMENT OF AGE OR SEX: If your Age or sex is incorrectly stated, the benefits of this Policy are changed to what the Premium would have paid for at the correct Age or sex according to our rate at the date of issue.

ASSIGNMENT: If you are the Owner you may give your rights under this Policy to someone else. This is called an "Assignment." We take no responsibility for the validity or effect of your actions. In order for us to honor your directions, we must receive a copy of any Assignment at our offices.

NON-PARTICIPATING: No dividends are payable under this Policy. It does not share in our surplus earnings.

OWNERSHIP: This Policy belongs to you unless another Owner is designated by you. During your lifetime the rights and privileges of this Policy may be exercised solely by the Owner. This includes the right to assign benefits and change the Beneficiary, subject to the "Changing The Beneficiary" provision.

CHANGE OF OWNERSHIP: The Owner has the right to transfer this Policy to a new Owner by notifying us. The change in ownership is effective on the date the request is received at our offices. The change in ownership is subject to any actions taken prior to the date such request is received.

PART X: CLAIMS

PROOF OF LOSS: A certified copy of the death certificate showing the date and cause of your death must be given to us as soon as reasonably possible after the date of death.

TIME PAYMENT OF CLAIMS: We will pay all benefits covered under the Policy as soon as we receive proper Proof of Loss sufficient to determine our liability.

INTEREST AT SETTLEMENT: We will pay interest at the rate of 8% a year from the date of death if benefits and unearned premium, if any, are not paid within 30 days after proof of death has been furnished.

PAYMENT OF CLAIMS: Benefits are payable in accordance with the Beneficiary designation in effect at the time of payment.

AUTOPSY: At our expense, we may have an autopsy done where it is not forbidden by law.

**TERM TO AGE 80 LIFE INSURANCE POLICY
ANNUALLY RENEWABLE
PREMIUMS ARE NOT GUARANTEED AND
SUBJECT TO CHANGE AFTER THE FIRST POLICY YEAR
ACCELERATED DEATH BENEFIT OPTION
Convertible Non-Participating**

TRANSAMERICA LIFE INSURANCE COMPANY
Administrative Offices: [2700 W. Plano Pkwy., Plano TX 75051]

[1-800-732-1821]

(Please Print)

Name _____
First Middle Last

Address _____

City _____ State _____ Street or RD # _____ am

Zip _____ Phone # _____ pm (_____) _____
area code

E-mail address: _____ Age _____ Date of Birth _____

Sex _____ Marital Status: ☐ Married ☐ Divorced ☐ Single ☐ Widowed
Month Day Year

Beneficiary: _____ Relationship _____
First Middle Last

If this coverage will replace or change any life insurance you have now, please check here: ☐

Coverage Amount: ☐\$20,000 ☐\$15,000 ☐\$10,000 ☐\$5,000

SPOUSE (if to be insured)

Name _____
First Middle Last

Sex _____ Age _____ Date of Birth _____

Month Day Year
Beneficiary: _____ Relationship _____
First Middle Last

If this coverage will replace or change any life insurance you have now, please check here: ☐

Coverage Amount: ☐\$20,000 ☐\$15,000 ☐\$10,000 ☐\$5,000

Please answer the following questions:

- | | | |
|--|--|--|
| 1. Have you used any tobacco or nicotine based products within the last 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No | [You] |
| 2. Are you currently confined to a hospital, rest home, or nursing facility or using assistance from a support device for walking or breathing?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | [You] |
| 3. Have you been advised to have in-patient surgery which has not yet been performed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | [You] |
| 4. In the past 7 years, have you been advised by a doctor or counselor to reduce or stop the use of alcohol or drugs or received a ticket for driving while intoxicated (DWI)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | [You] |
| 5. In the past 7 years, have you been diagnosed or treated by a licensed medical doctor for: | | Spouse |
| a. Diabetes requiring insulin; heart disease or disorder; stroke or cancer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Brain, mental, or nervous disorder; chronic liver; kidney, or breathing disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Acquired Immune Deficiency Syndrome (AIDS)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. In the past 7 years have you tested positive for HIV (Human Immunodeficiency Virus)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Select how you want to pay:

☐ Send me a bill.

☐ Charge monthly premium to my Credit Card (Visa/MasterCard/Discover/JCPenney only): Check here if this is a debit card ☐

Account # [] [] [] [] - [] [] [] [] - [] [] [] [] - [] [] [] [] Expiration Date _____

☐ Deduct monthly premium from my Checking Account: Write "VOID" on a blank check and attach.)

Subject to my account rules, charge my premiums (including future changes to my insurance) to my [Bank] credit card. I can cancel this payment method at any time by writing to you.

I wish to apply for this Term Life Insurance Plan. I understand [that a separate Policy will be issued to each applicant and] that no insurance is in effect until I am issued my Policy by the underwriter Transamerica Life Insurance Company, and my first premium is received by Transamerica Life [before] [within 21 days after] my Policy Effective Date and during my lifetime. If I fail to give true and complete answers on this application, (in Michigan and Texas: if I make a fraudulent or material misrepresentation in this application), I understand that benefits may be denied during the first 2 Policy Years. To the best of my knowledge and belief, the information on this entire application is true and complete. [I have read my state's fraud notice on the reverse side of this application.]

X _____
Signature Date

X _____
Spouse's Signature (if to be insured) Date

FOR MICHIGAN AND LOUISIANA RESIDENTS: Countersignature of licensed agent _____
Signature

TLTL2200IPA

FOR COLORADO RESIDENTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FOR KENTUCKY RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FOR ARKANSAS, LOUISIANA, OREGON and RHODE ISLAND RESIDENTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FOR DC AND TENNESSEE RESIDENTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FOR OHIO RESIDENTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

FOR MAINE RESIDENTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Term Life Insurance Application Verification

Keep this form with your Policy of Insurance. Your acceptance of this offer is on file at our Administrative Office.

This document is a verification record of your telephone-recorded application for the Term Life Insurance plan. It is designed to help you verify that we have correctly recorded your name, address, date of birth, age, gender, [marital status] and the answers and information you provided to the health questions which qualified you for this plan.

Our records indicate the following information:

Name/Address: [John Q. Public]
[1000 Anywhere Street]
[Any Town, USA 75000]

Date of Birth: [01/05/1945] Age: [65] Gender: [Male]

[Marital Status: ☒ Married ☐ Divorced ☐ Single ☐ Widowed]

Will this insurance replace or change any life insurance or annuity contract that you now have? ☐ Yes ☒ No

Coverage Amount Being Applied For: [\$10,000]

Health Questions

| | |
|---|---|
| 1. Have you used any tobacco or nicotine based products within the last 12 months? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2. Are you currently confined to a hospital, rest home, or nursing facility or using assistance from a support device for walking or breathing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. Have you been advised to have in-patient surgery which has not yet been performed? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4. In the past 7 years, have you been advised by a doctor or counselor to reduce or stop the use of alcohol or drugs or received a ticket for driving while intoxicated (DWI)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5. In the past 7 years, have you been diagnosed or treated by a licensed medical doctor for: a. Diabetes requiring insulin; Heart disease or disorder; Stroke or Cancer? b. Brain, mental, or nervous disorder; chronic Liver, Kidney, or breathing disorder? c. Acquired Immune Deficiency Syndrome (AIDS)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 6. In the past 7 years have you tested positive for HIV (Human Immunodeficiency Virus)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

I wish to apply for this Term Life Insurance Plan. I understand that no insurance is in effect until the following happens while I am alive: (1) Transamerica Life approves my application; and (2) Transamerica Life receives my first premium [before] [within 21 days after] the Policy Effective Date. If I fail to give true and complete answers on this application, (in Michigan and Texas: if I make a fraudulent or material misrepresentation in this application), I understand that benefits may be denied during the first 2 Policy Years. To the best of my knowledge and belief, the information on this entire application is true and complete. [I have read my state's fraud notice on the back of this application.]

FAILURE TO DISPUTE ANY OF THE STATEMENTS ABOVE IS AN ADMISSION THAT THE STATEMENTS ARE CORRECT. THE FALSITY OF ANY ANSWER MAY BAR YOUR BENEFICIARIES' RIGHT TO RECOVER BENEFITS.

If any of the information is incorrect, contact our Customer Service Department at: [1-800-XXX-XXXX]

[Application signed electronically. Signature on file with the Company] [11/01/2012]
[Applicant's Signature] [Date Application signed]

FOR MICHIGAN or LOUISIANA RESIDENTS: Countersignature of licensed agent _____ Signature

TRANSAMERICA LIFE INSURANCE COMPANY
Administrative Offices: [2700 W. Plano Pkwy., Plano TX 75051]

TLTL2200IPA APPVER

FOR COLORADO RESIDENTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FOR KENTUCKY RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FOR ARKANSAS, LOUISIANA, OREGON and RHODE ISLAND RESIDENTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FOR OHIO RESIDENTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

| | | | |
|-----------------------------|--|------------------------|-------------------------------------|
| State: | Arkansas | Filing Company: | Transamerica Life Insurance Company |
| TOI/Sub-TOI: | L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life | | |
| Product Name: | TLTL2200IP-AR | | |
| Project Name/Number: | TLIC Term to 80 - Individual/L053 | | |

Rate/Rule Schedule

| Item No. | Schedule Item Status | Document Name | Affected Form Numbers (Separated with commas) | Rate Action* | Rate Action Information | Attachments |
|----------|----------------------|------------------------------|---|--------------|-------------------------|--|
| 1 | | Basic Reserves Per Unit | TLTL2200IP-AR | New | | Basic Reserves Per Unit (standard rates) TLTL2200IP.pdf |
| 2 | | Deficiency Reserves Per Unit | TLTL2200IP-AR | New | | Deficiency Reserves Per Unit (standard rates) TLTL2200IP.pdf |
| 3 | | Rate Table A | TLTL2200IP-AR | New | | Rate Table A (standard rates) TLTL2200IP.pdf |

| | | | | | |
|--|-----------|-----------------------|-----------|---------------|---------------------|
| Factor Generator - XXX/ NY 147 Basic Reserves Per Unit | | | | | |
| TLTL2200IP | | Plan Code: T80DB | | CalcuFlex: | None |
| Traditional Life | | Issue Age: 45 | | | |
| X:\Prod\Prod_Dev\Product\T80\TLTL2200\TAS | | Premium Mode: Monthly | | | |
| 2nd Life Issue Age: | -1 | Underwriting Class: | Medical | Overlays: | No |
| 2nd Life Gender: | Unisex | Gender: | Male | GAAP Method: | Not Applicable |
| 2nd Smoking Class: | Aggregate | Smoking Class: | Nonsmoker | DB Option: | Death Benefit Table |
| | | Rate Class: | Standard | Premium Term: | Age 80 |
| | | | | Benefit Term: | 80 |

| Basic Reserve Assumptions | | | UL Exception Testing | | |
|----------------------------------|----------------|--|----------------------|--|------|
| Reserve Method | 1980 CRVM | Secondary Guarantee Period | | | 1 |
| Reserve Type | Regulation XXX | Net Level Reserve Premium | | | 0.00 |
| Mortality Table | mns | Initial Surrender Charge | | | 0.00 |
| First Segment Selection Factors | | Specified Premium Yr 1 | | | 0.00 |
| Second Segment Selection Factors | | Exception Test Applied | | | No |
| Selection Factor Multiple Yr 1 | 1.00000 | | | | |
| Interest Yr 1 | 0.04000 | | | | |
| Function Type | Semicontinuous | The mortality rate used in the segment calculation in Policy | | | |
| Expense Allowance Type | Continuous | Year 0 shown below is based on the Second Segment Selection | | | |
| Gross Premium Selection | Guaranteed | Factors but the mortality rate used to determine the segment | | | |
| Policy Fee Included? | N/A | break was based on the First Segment Selection Factors. | | | |

| Basic Reserve Calculations | | | | | | | | | | | | | |
|----------------------------|------------|----------------------|--------------|------------|--------------|--------------------------------|---------------------------|----------------------------|-------------------------------|--------------------------|---------------------------|------------------------|------------------------|
| Pol Yr | Att Age | Segment Calculations | | | Mort Rate | Unitary Terminal Reserve | Unitary Net Premium | Unitary Mean Reserve | Segmtd Terminal Reserve | Segmtd Net Premium | Segmtd Mean Reserve | XXX/ NY 147 Mean | Half Tabular COI |
| | | Premium | Mort Rate | Seg mnt | | | | | | | | | |
| 1 | 46 | 30.00 | 0.00244 | 1 | 0.00488 | 0.00 | 4.79 | 2.39 | 0.00 | 4.79 | 2.39 | 2.39 | 2.35 |
| 2 | 47 | 30.00 | 0.00267 | 1 | 0.00526 | 0.48 | 5.62 | 3.05 | 0.37 | 5.51 | 2.94 | 3.05 | 2.53 |
| 3 | 48 | 30.00 | 0.00286 | 1 | 0.00554 | 0.70 | 5.62 | 3.40 | 0.47 | 5.51 | 3.17 | 3.40 | 2.66 |
| 4 | 49 | 30.00 | 0.00301 | 1 | 0.00573 | 0.72 | 5.62 | 3.52 | 0.37 | 5.51 | 3.17 | 3.52 | 2.75 |
| 5 | 50 | 30.00 | 0.00320 | 1 | 0.00600 | 0.48 | 5.62 | 3.41 | 0.00 | 5.51 | 2.94 | 3.41 | 2.88 |
| 6 | 51 | 42.96 | 0.00345 | 2 | 0.00636 | 2.40 | 8.04 | 5.46 | 1.23 | 7.41 | 4.32 | 5.46 | 3.06 |
| 7 | 52 | 42.96 | 0.00377 | 2 | 0.00683 | 3.93 | 8.04 | 7.18 | 2.04 | 7.41 | 5.34 | 7.18 | 3.28 |
| 8 | 53 | 42.96 | 0.00416 | 2 | 0.00740 | 4.94 | 8.04 | 8.45 | 2.29 | 7.41 | 5.87 | 8.45 | 3.56 |
| 9 | 54 | 42.96 | 0.00461 | 2 | 0.00806 | 5.33 | 8.04 | 9.15 | 1.89 | 7.41 | 5.80 | 9.15 | 3.88 |
| 10 | 55 | 42.96 | 0.00518 | 2 | 0.00889 | 4.88 | 8.04 | 9.13 | 0.61 | 7.41 | 4.95 | 9.13 | 4.27 |
| 11 | 56 | 64.29 | 0.00980 | 2 | 0.00980 | 7.68 | 12.04 | 12.30 | 2.19 | 11.09 | 6.94 | 12.30 | 4.71 |
| 12 | 57 | 64.29 | 0.01071 | 2 | 0.01071 | 9.68 | 12.04 | 14.70 | 2.92 | 11.09 | 8.10 | 14.70 | 5.15 |
| 13 | 58 | 64.29 | 0.01154 | 2 | 0.01154 | 10.94 | 12.04 | 16.33 | 2.83 | 11.09 | 8.42 | 16.33 | 5.55 |
| 14 | 59 | 64.29 | 0.01233 | 2 | 0.01233 | 11.46 | 12.04 | 17.22 | 1.91 | 11.09 | 7.91 | 17.22 | 5.93 |
| 15 | 60 | 64.29 | 0.01326 | 2 | 0.01326 | 11.06 | 12.04 | 17.28 | 0.00 | 11.09 | 6.50 | 17.28 | 6.38 |
| 16 | 61 | 91.68 | 0.00942 | 3 | 0.01438 | 14.91 | 17.16 | 21.57 | 2.93 | 16.88 | 9.91 | 21.57 | 6.91 |
| 17 | 62 | 91.68 | 0.01574 | 3 | 0.01574 | 17.58 | 17.16 | 24.82 | 4.63 | 16.88 | 12.22 | 24.82 | 7.57 |
| 18 | 63 | 91.68 | 0.01729 | 3 | 0.01729 | 18.82 | 17.16 | 26.78 | 4.81 | 16.88 | 13.16 | 26.78 | 8.31 |
| 19 | 64 | 91.68 | 0.01894 | 3 | 0.01894 | 18.46 | 17.16 | 27.22 | 3.30 | 16.88 | 12.50 | 27.22 | 9.11 |
| 20 | 65 | 91.68 | 0.02058 | 3 | 0.02058 | 16.40 | 17.16 | 26.01 | 0.00 | 16.88 | 10.09 | 26.01 | 9.89 |
| 21 | 66 | 129.93 | 0.01623 | 4 | 0.02272 | 19.62 | 24.33 | 30.17 | 4.47 | 26.48 | 15.48 | 30.17 | 10.92 |
| 22 | 67 | 129.93 | 0.02489 | 4 | 0.02489 | 20.84 | 24.33 | 32.39 | 6.98 | 26.48 | 18.96 | 32.39 | 11.97 |
| 23 | 68 | 129.93 | 0.02716 | 4 | 0.02716 | 19.81 | 24.33 | 32.49 | 7.29 | 26.48 | 20.38 | 32.49 | 13.06 |
| 24 | 69 | 129.93 | 0.02955 | 4 | 0.02955 | 16.24 | 24.33 | 30.19 | 5.14 | 26.48 | 19.46 | 30.19 | 14.21 |
| 25 | 70 | 129.93 | 0.03224 | 4 | 0.03224 | 9.61 | 24.33 | 25.09 | 0.00 | 26.48 | 15.81 | 25.09 | 15.50 |
| 26 | 71 | 217.74 | 0.02527 | 5 | 0.03538 | 16.91 | 40.77 | 33.65 | 8.32 | 42.41 | 25.37 | 33.65 | 17.01 |
| 27 | 72 | 217.74 | 0.03919 | 5 | 0.03919 | 20.84 | 40.77 | 39.26 | 13.32 | 42.41 | 32.02 | 39.26 | 18.84 |
| 28 | 73 | 217.74 | 0.04364 | 5 | 0.04364 | 20.46 | 40.77 | 41.03 | 14.06 | 42.41 | 34.90 | 41.03 | 20.98 |
| 29 | 74 | 217.74 | 0.04833 | 5 | 0.04833 | 15.11 | 40.77 | 38.17 | 9.92 | 42.41 | 33.20 | 38.17 | 23.24 |
| 30 | 75 | 217.74 | 0.05337 | 5 | 0.05337 | 3.89 | 40.77 | 29.89 | 0.00 | 42.41 | 26.17 | 29.89 | 25.66 |
| 31 | 76 | 370.14 | 0.04204 | 6 | 0.05886 | 17.10 | 69.30 | 45.15 | 13.85 | 70.25 | 42.05 | 45.15 | 28.30 |
| 32 | 77 | 370.14 | 0.06504 | 6 | 0.06504 | 25.16 | 69.30 | 55.78 | 22.60 | 70.25 | 53.35 | 55.78 | 31.27 |
| 33 | 78 | 370.14 | 0.07224 | 6 | 0.07224 | 26.47 | 69.30 | 60.46 | 24.67 | 70.25 | 58.76 | 60.46 | 34.73 |
| 34 | 79 | 370.14 | 0.08060 | 6 | 0.08060 | 18.92 | 69.30 | 57.35 | 17.97 | 70.25 | 56.45 | 57.35 | 38.75 |
| 35 | 80 | 370.14 | 0.08996 | 6 | 0.08996 | 0.00 | 69.30 | 44.11 | 0.00 | 70.25 | 44.11 | 44.11 | 43.25 |

| | | | | | | | | | | |
|---|--|-----------|--|---------------------|---------|------------|--|---------------|--|---------------------|
| Factor Generator - XXX/ NY 147 Deficiency Reserves Per Unit | | | | | | | | | | |
| | | | | Plan Code: | T80DB | CalcuFlex: | | None | | |
| | | | | Issue Age: | 45 | | | | | |
| | | | | Premium Mode: | Monthly | | | | | |
| TLTL2200IP | | | | | | | | | | |
| Traditional Life | | | | | | | | | | |
| X:\Prod\Prod_Dev\Product\T80\TLTL2200\TAS | | | | | | | | | | |
| 2nd Life Issue Age: | | -1 | | Underwriting Class: | | Medical | | Overlays: | | No |
| 2nd Life Gender: | | Unisex | | Gender: | | Male | | GAAP Method: | | Not Applicable |
| 2nd Smoking Class: | | Aggregate | | Smoking Class: | | Nonsmoker | | DB Option: | | Death Benefit Table |
| | | | | Rate Class: | | Standard | | Premium Term: | | Age 80 |
| | | | | | | | | Benefit Term: | | 80 |

| <u>Deficiency Reserve Assumptions</u> | | |
|---------------------------------------|----------------------------|---|
| Reserve Method | 1980 CRVM | |
| Reserve Type | Regulation XXX | |
| Mortality Table | mns | |
| First Segment Selection Factors | | |
| Second Segment Selection Factors | | |
| Selection Factor Multiple Yr 1 | 1.00000 | This Plan/Age is not deficient therefore, basic reserves are substituted as minimum reserves. |
| X Percent Yr 1 | 1.00000 | |
| Interest Yr 1 | 0.04000 | |
| Function Type | Semicontinuous | |
| Expense Allowance Type | Continuous | |
| Gross Premium Selection | Guaranteed | |
| Policy Fee Included? | Policy Fee & Modal Loading | |

| Basic Reserve Calculations | | | | | Deficiency Reserve Calculations | | | | | | | | | | | | |
|----------------------------|------------|----------------------|---------|--------------|---------------------------------|--------------------------------|---------------------------------------|-------------------------------|-------------------------------|--------------------------------------|----------------------------|------------------------|----------------------------|---------------------------|-------------------|--------------------|--|
| Pol Yr | Att Age | XXX/ NY 147 | Premium | Mort Rate | Unitary Min Term Reserve | Unitary Minimum Net Prem | Unitary Minimum Mean Reserve | Segmtd Min Term Reserve | Segmtd Minimum Net Prem | Segmtd Minimum Mean Reserve | Mean Minimum Reserve | Half Tabular COI | Mean Minimum Reserve | Mean Deficy Reserve | X Percent PVFB | Experience PVFB | |
| | | Mean After COI | | | | | | | | | | | After COI | | | | |
| 1 | 46 | 2.39 | 33.00 | 0.00244 | 0.00 | 4.79 | 2.39 | 0.00 | 4.79 | 2.39 | 2.39 | 0.00 | 2.39 | 0.00 | 194 | 0 | |
| 2 | 47 | 3.05 | 33.00 | 0.00267 | 0.48 | 5.62 | 3.05 | 0.37 | 5.51 | 2.94 | 3.05 | 0.00 | 3.05 | 0.00 | 200 | 0 | |
| 3 | 48 | 3.40 | 33.00 | 0.00286 | 0.70 | 5.62 | 3.40 | 0.47 | 5.51 | 3.17 | 3.40 | 0.00 | 3.40 | 0.00 | 206 | 0 | |
| 4 | 49 | 3.52 | 33.00 | 0.00301 | 0.72 | 5.62 | 3.52 | 0.37 | 5.51 | 3.17 | 3.52 | 0.00 | 3.52 | 0.00 | 212 | 0 | |
| 5 | 50 | 3.41 | 33.00 | 0.00320 | 0.48 | 5.62 | 3.41 | 0.00 | 5.51 | 2.94 | 3.41 | 0.00 | 3.41 | 0.00 | 218 | 0 | |
| 6 | 51 | 5.46 | 45.96 | 0.00345 | 2.40 | 8.04 | 5.46 | 1.23 | 7.41 | 4.32 | 5.46 | 0.00 | 5.46 | 0.00 | 224 | 0 | |
| 7 | 52 | 7.18 | 45.96 | 0.00377 | 3.93 | 8.04 | 7.18 | 2.04 | 7.41 | 5.34 | 7.18 | 0.00 | 7.18 | 0.00 | 230 | 0 | |
| 8 | 53 | 8.45 | 45.96 | 0.00416 | 4.94 | 8.04 | 8.45 | 2.29 | 7.41 | 5.87 | 8.45 | 0.00 | 8.45 | 0.00 | 236 | 0 | |
| 9 | 54 | 9.15 | 45.96 | 0.00461 | 5.33 | 8.04 | 9.15 | 1.89 | 7.41 | 5.80 | 9.15 | 0.00 | 9.15 | 0.00 | 243 | 0 | |
| 10 | 55 | 9.13 | 45.96 | 0.00518 | 4.88 | 8.04 | 9.13 | 0.61 | 7.41 | 4.95 | 9.13 | 0.00 | 9.13 | 0.00 | 249 | 0 | |
| 11 | 56 | 12.30 | 67.29 | 0.00582 | 7.68 | 12.04 | 12.30 | 2.19 | 11.09 | 6.94 | 12.30 | 0.00 | 12.30 | 0.00 | 255 | 0 | |
| 12 | 57 | 14.70 | 67.29 | 0.00648 | 9.68 | 12.04 | 14.70 | 2.92 | 11.09 | 8.10 | 14.70 | 0.00 | 14.70 | 0.00 | 260 | 0 | |
| 13 | 58 | 16.33 | 67.29 | 0.00712 | 10.94 | 12.04 | 16.33 | 2.83 | 11.09 | 8.42 | 16.33 | 0.00 | 16.33 | 0.00 | 266 | 0 | |
| 14 | 59 | 17.22 | 67.29 | 0.00776 | 11.46 | 12.04 | 17.22 | 1.91 | 11.09 | 7.91 | 17.22 | 0.00 | 17.22 | 0.00 | 271 | 0 | |
| 15 | 60 | 17.28 | 67.29 | 0.00851 | 11.06 | 12.04 | 17.28 | 0.00 | 11.09 | 6.50 | 17.28 | 0.00 | 17.28 | 0.00 | 276 | 0 | |
| 16 | 61 | 21.57 | 94.68 | 0.00942 | 14.91 | 17.16 | 21.57 | 2.93 | 16.88 | 9.91 | 21.57 | 0.00 | 21.57 | 0.00 | 281 | 0 | |
| 17 | 62 | 24.82 | 94.68 | 0.01053 | 17.58 | 17.16 | 24.82 | 4.63 | 16.88 | 12.22 | 24.82 | 0.00 | 24.82 | 0.00 | 285 | 0 | |
| 18 | 63 | 26.78 | 94.68 | 0.01182 | 18.82 | 17.16 | 26.78 | 4.81 | 16.88 | 13.16 | 26.78 | 0.00 | 26.78 | 0.00 | 289 | 0 | |
| 19 | 64 | 27.22 | 94.68 | 0.01323 | 18.46 | 17.16 | 27.22 | 3.30 | 16.88 | 12.50 | 27.22 | 0.00 | 27.22 | 0.00 | 292 | 0 | |
| 20 | 65 | 26.01 | 94.68 | 0.01470 | 16.40 | 17.16 | 26.01 | 0.00 | 16.88 | 10.09 | 26.01 | 0.00 | 26.01 | 0.00 | 294 | 0 | |
| 21 | 66 | 30.17 | 132.93 | 0.01623 | 19.62 | 24.33 | 30.17 | 4.47 | 26.48 | 15.48 | 30.17 | 0.00 | 30.17 | 0.00 | 295 | 0 | |
| 22 | 67 | 32.39 | 132.93 | 0.01778 | 20.84 | 24.33 | 32.39 | 6.98 | 26.48 | 18.96 | 32.39 | 0.00 | 32.39 | 0.00 | 295 | 0 | |
| 23 | 68 | 32.49 | 132.93 | 0.01940 | 19.81 | 24.33 | 32.49 | 7.29 | 26.48 | 20.38 | 32.49 | 0.00 | 32.49 | 0.00 | 294 | 0 | |
| 24 | 69 | 30.19 | 132.93 | 0.02111 | 16.24 | 24.33 | 30.19 | 5.14 | 26.48 | 19.46 | 30.19 | 0.00 | 30.19 | 0.00 | 292 | 0 | |
| 25 | 70 | 25.09 | 132.93 | 0.02303 | 9.61 | 24.33 | 25.09 | 0.00 | 26.48 | 15.81 | 25.09 | 0.00 | 25.09 | 0.00 | 288 | 0 | |
| 26 | 71 | 33.65 | 220.74 | 0.02527 | 16.91 | 40.77 | 33.65 | 8.32 | 42.41 | 25.37 | 33.65 | 0.00 | 33.65 | 0.00 | 283 | 0 | |
| 27 | 72 | 39.26 | 220.74 | 0.02799 | 20.84 | 40.77 | 39.26 | 13.32 | 42.41 | 32.02 | 39.26 | 0.00 | 39.26 | 0.00 | 275 | 0 | |
| 28 | 73 | 41.03 | 220.74 | 0.03117 | 20.46 | 40.77 | 41.03 | 14.06 | 42.41 | 34.90 | 41.03 | 0.00 | 41.03 | 0.00 | 265 | 0 | |
| 29 | 74 | 38.17 | 220.74 | 0.03452 | 15.11 | 40.77 | 38.17 | 9.92 | 42.41 | 33.20 | 38.17 | 0.00 | 38.17 | 0.00 | 252 | 0 | |
| 30 | 75 | 29.89 | 220.74 | 0.03812 | 3.89 | 40.77 | 29.89 | 0.00 | 42.41 | 26.17 | 29.89 | 0.00 | 29.89 | 0.00 | 235 | 0 | |
| 31 | 76 | 45.15 | 373.14 | 0.04204 | 17.10 | 69.30 | 45.15 | 13.85 | 70.25 | 42.05 | 45.15 | 0.00 | 45.15 | 0.00 | 213 | 0 | |
| 32 | 77 | 55.78 | 373.14 | 0.04646 | 25.16 | 69.30 | 55.78 | 22.60 | 70.25 | 53.35 | 55.78 | 0.00 | 55.78 | 0.00 | 187 | 0 | |
| 33 | 78 | 60.46 | 373.14 | 0.05160 | 26.47 | 69.30 | 60.46 | 24.67 | 70.25 | 58.76 | 60.46 | 0.00 | 60.46 | 0.00 | 154 | 0 | |
| 34 | 79 | 57.35 | 373.14 | 0.05757 | 18.92 | 69.30 | 57.35 | 17.97 | 70.25 | 56.45 | 57.35 | 0.00 | 57.35 | 0.00 | 114 | 0 | |
| 35 | 80 | 44.11 | 373.14 | 0.06426 | 0.00 | 69.30 | 44.11 | 0.00 | 70.25 | 44.11 | 44.11 | 0.00 | 44.11 | 0.00 | 63 | 0 | |

Company: TRANSAMERICA LIFE INSURANCE COMPANY

Form: TLTL2200IP

Rate Table: A

| |
|---|
| Current Annual Premium Per \$1,000 Face Amount |
|---|

| Attained Age | Non-Tobacco | | Tobacco | |
|--------------|-------------|---------------|-------------|---------------|
| | <u>Male</u> | <u>Female</u> | <u>Male</u> | <u>Female</u> |
| 45 - 49 | 10.00 | 6.82 | 18.59 | 12.21 |
| 50 - 54 | 14.32 | 9.66 | 26.49 | 17.87 |
| 55 - 59 | 21.43 | 14.82 | 38.36 | 26.97 |
| 60 - 64 | 30.56 | 21.28 | 52.26 | 38.08 |
| 65 - 69 | 43.31 | 29.48 | 68.86 | 51.01 |
| 70 - 74 | 72.58 | 47.84 | 105.96 | 79.90 |
| 75 - 79* | 123.38 | 78.94 | 178.90 | 124.73 |

| |
|--|
| Guaranteed Maximum Annual Premium Per \$1,000 Face Amount |
|--|

| Attained Age | Non-Tobacco | | Tobacco | |
|--------------|-------------|---------------|-------------|---------------|
| | <u>Male</u> | <u>Female</u> | <u>Male</u> | <u>Female</u> |
| 45 - 49 | 30.00 | 20.46 | 55.77 | 36.63 |
| 50 - 54 | 42.96 | 28.98 | 79.47 | 53.61 |
| 55 - 59 | 64.29 | 44.46 | 115.08 | 80.91 |
| 60 - 64 | 91.68 | 63.84 | 156.78 | 114.24 |
| 65 - 69 | 129.93 | 88.44 | 206.58 | 153.03 |
| 70 - 74 | 217.74 | 143.52 | 317.88 | 239.70 |
| 75 - 79* | 370.14 | 236.82 | 536.70 | 374.19 |

Annual Policy Fee: \$30.00

| Modal Factors |
|---------------|
|---------------|

| <u>Factor</u> | |
|---------------|----------|
| Monthly | 0.083333 |
| Quarterly | 0.250000 |
| Semi-Annual | 0.500000 |
| Annual | 1.000000 |

*For renewal only

| | | | | | |
|--------------------------|----------------|--------------------------|--|----------------------------|--|
| SERFF Tracking #: | AEGB-128669129 | State Tracking #: | | Company Tracking #: | TLTL2200IP-AR, TLTL2200IPA, TLTL2200IPA ... |
|--------------------------|----------------|--------------------------|--|----------------------------|--|

State: Arkansas
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Filing Company: Transamerica Life Insurance Company
Product Name: TLTL2200IP-AR
Project Name/Number: TLIC Term to 80 - Individual/L053

Supporting Document Schedules

| | | Item Status: | Status Date: |
|--|----------------------|--------------|--------------|
| Satisfied - Item: | Flesch Certification | | |
| Comments: | | | |
| Attachment(s): | | | |
| AR - Cert of Regulation 49.pdf | | | |
| AR - Rule and Regulation 19.pdf | | | |
| Flesch Score TLTL2200IP, TLTL2200IPA, TLTL2200IPA APPVER.pdf | | | |

| | | Item Status: | Status Date: |
|-------------------|--|--------------|--------------|
| Satisfied - Item: | Summary and Disclosure Notice - ADB Option | | |
| Comments: | | | |
| Attachment(s): | | | |
| ABI-T80-0612.pdf | | | |

| | | Item Status: | Status Date: |
|---|----------------------------------|--------------|--------------|
| Satisfied - Item: | Explanation of Variability (EOV) | | |
| Comments: | | | |
| Attachment(s): | | | |
| EOV TLTL2200IP, TLTL2200IPA, TLTL2200IPA APPVER (Std).pdf | | | |

TRANSAMERICA LIFE INSURANCE COMPANY

CERTIFICATION OF REGULATION 49
STATE OF ARKANSAS

Form Number: TLTL2200IP-AR

Date: 8-29-2012

This is submitted in Compliance with Regulation 49 of the Arkansas Insurance Code.

I hereby certify that the accompanying life product is in compliance with Regulation 49 in that a Life and Health Guaranty Association notice will be given to each policy owner at the time of issue.

Cheryl Bock

Cheryl Bock, Assist. Vice President Contract Development

TRANSAMERICA LIFE INSURANCE COMPANY

**RULE AND REGULATION 19
STATE OF ARKANSAS**

Form Number: TLTL2200IP-AR

Date: 8-29-2012

I hereby certify that the accompanying life product is in compliance with Rule and Regulation 19.

Cheryl Bock

Cheryl Bock, Assist. Vice President Contract Development

FLESH READABILITY CERTIFICATION

Transamerica Life Insurance Company

| <u>Form Number (may vary by state)</u> | <u>Flesch Score</u> |
|--|---------------------|
| TLTL2200IP | 52.2 |
| TLTL2200IPA | 50.2 |
| TLTL2200IPA APPVER | 51.3 |

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.



Cheryl Bock
Assistant Vice President
Contract Development

8/29/2012
Date

SUMMARY AND DISCLOSURE NOTICE ACCELERATED DEATH BENEFIT OPTION

We pay an Accelerated Death Benefit if the Owner chooses to use this option. It is paid if you are diagnosed as having twelve months or less to live. The Owner may choose up to 50% of your Face Amount. This is called the Available Proceeds. We use the Available Proceeds to help determine the benefit amount paid to the Owner. This is explained below. The benefit amount is called the Payable Proceeds.

How the Payable Proceeds are Determined: (a) The Owner chooses the Available Proceeds. (b) An interest rate is established as of the date of your application for this benefit. The interest rate will not exceed the greater of the yield on that day for 90 day treasury bills or the maximum statutory adjustable policy loan interest rate in the state in which the Policy is issued. (c) The Available Proceeds is "discounted to its present value" based on our evaluation of your projected life expectancy by applying this interest rate. (d) We will then calculate the premium payments under your Policy from the date of application through our evaluation of your projected life expectancy. Each premium payment is "discounted to its present value" based on our evaluation of your projected life expectancy by applying the interest rate. (e) The present value of these premium payments is subtracted from the amount computed under item (c). The resulting amount is the Payable Proceeds and is paid to the Owner in a one-time lump sum.

"Discounted to its present value" means determining, on the date of payment, the value of an amount of money you would not otherwise receive until some point in the future.

Payment of this benefit is subject to the following conditions:

1. We must receive a physician's statement which: (a) gives the diagnosis of your medical condition; and (b) states that because of the nature and severity of the non-correctable condition, your life expectancy is no more than twelve months.
2. The initial diagnosis of the medical condition must be made on or after the Effective Date of this Policy and while it is in force.
3. We have the right to require, at our expense, that you be examined by a physician of our choosing in order to verify the diagnosis.
4. In the event that your Physician(s) and any Physician appointed by us disagree on whether your life expectancy is no more than 12 months, the opinion of our Physician will prevail. You have the right to bring legal action against us.
5. The Accelerated Death Benefit option may only be used once.
6. The Face Amount used to calculate the Available Proceeds means only this policy's life insurance benefit and that of any attached life insurance riders that are in force at the time of the election. It does not include the face amount under any increasing face amount option Rider, or any non-life insurance riders, or supplemental benefit provisions (e.g., any Accidental Death Benefit Rider is not considered).
7. After this option is used, the Face Amount is reduced by the amount of Available Proceeds elected. This Policy continues as if it had originally been issued at the reduced Face Amount. The premium is adjusted to the amount charged for the reduced Face Amount.
8. We must receive the signed consent of any irrevocable Beneficiary before paying the Accelerated Death Benefit.
9. This benefit is not payable if:
 - a. This Policy is within 2 years of any scheduled expiration date (e.g., your Age 80);
 - b. This Policy has been Assigned; or
 - c. You are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise, or you are required by a government agency to use this option in order to apply for, obtain, or keep a government benefit or entitlement.

IMPORTANT: If you elect this benefit, your payment may be taxable. You are advised to seek the help of a professional tax advisor.

EFFECT ON TAX STATUS

Unlike conventional life insurance proceeds, accelerated benefits paid under this benefit **MAY BE TAXABLE. PLEASE CONSULT A TAX ADVISOR PRIOR TO REQUESTING ANY BENEFITS UNDER THE POLICY.**

EFFECT ON OTHER BENEFIT ENTITLEMENTS

Receipt of accelerated benefits under the Policy **MAY AFFECT MEDICAID AND SUPPLEMENTAL SECURITY INCOME ("SSI")** eligibility. If you don't accelerate benefits, the mere fact that you own a Policy that contains an accelerated benefit will not in and of itself affect your eligibility for these government programs. However, exercising the accelerated benefit and receiving that benefit before you apply for these programs, or while you are receiving government benefits, may affect your initial or continued eligibility. Contact the Medicaid Unit of your local Department of Public Welfare and Social Security Administration Office for more information.

EFFECT ON YOUR POLICY

After this option is used, the Face Amount is reduced by the amount of Available Proceeds elected. This Policy continues as if it had originally been issued at the reduced Face Amount. The premium is adjusted to the amount charged for the reduced face amount.

ILLUSTRATION OF EFFECT ON THE FACE AMOUNT OF YOUR POLICY

Face Amount Prior To Choosing the Accelerated Benefit = \$100,000

Amount Selected for the Accelerated Benefit = \$50,000

Available Proceeds = \$50,000

Processing Charge = \$2,500

Payable Proceeds = \$47,500

Face Amount After Payment of Accelerated Benefit = \$50,000

The following is an "Explanation of Variability" for Policy Form TLTL2200IP, Application Form TLTL2200IPA, and Application Verification Form TLTL2200IPA APPVER.

Policy Form TLTL2200IP:

Page 1:

1. Home Office Address: The address is bracketed to take into consideration any future address changes.
2. Administrative Office Address: Transamerica Life Insurance Company has several administrative office locations. This product may be solicited from one of three locations, depending on the market. The address on the forms will be one of the following locations:
 - a) 2700 West Plano Parkway
Plano, Texas 75075-8200
 - b) 520 Park Avenue
Baltimore, Maryland 21201
 - c) Valley Forge, Pennsylvania 19493
3. The toll-free telephone number will be changed to the toll-free number for the Administrative Office that will administer the policy.
4. Officers' Signatures and Titles: These may change in the future.

Page 2:

5. Face Amount: The amount ranges from \$5,000 to 20,000.
6. Age at Issue: This Policy form is issued to ages 45 – 74.
7. Premium Rates:

Minimum = Female, age 45, non-tobacco, \$5,000 face amount; Maximum = Male, age 74, tobacco use, \$20,000 face amount.

Monthly Range: Minimum = \$5.35; maximum = \$179.09

Quarterly Range: Minimum = \$16.03; maximum = \$537.30

Semi-Annual: Minimum = \$32.05; maximum = \$1074.60

Annual: Minimum = \$64.10; maximum = \$2149.20
8. Table of Annual Renewal Premiums:

Minimum = Female, age 45, non-tobacco, \$5,000 face amount; Maximum = Male, age 75-79, tobacco use, \$20,000 face amount.

Current Scale Range: Minimum = \$64.10; maximum = \$3608.00

Guaranteed Maximum Annual Premium: Minimum = \$162.30; maximum = \$10,774.00

Page 3:

9. "before/within 21 days after" is bracketed to indicate if the first premium is received before the Policy Effective Date or the first premium is received within 21 days after the Policy Effective Date.

Application Form TLTL2200IPA:

1. The Administrative Office address will be one of the following locations:
 - a) 2700 West Plano Parkway
Plano, Texas 75075-8200
 - b) 520 Park Avenue
Baltimore, Maryland 21201
 - c) Valley Forge, Pennsylvania 19493
2. The toll-free telephone number will be changed to the toll-free number for the Administrative Office that will administer the policy.
3. The main applicant section is bracketed so items may be rearranged, or if the Company knows the applicant's name, address, etc. such information may be pre-printed on the application. The beneficiary designation in the principal insured's personal information section is bracketed so that it will not be part of the application when it is used with telemarketing or internet marketing. Due to systems constraints, we do not capture a beneficiary's name via the application when the application is taken over the telephone or internet. Instead, a beneficiary's name and relationship to the applicant is taken in a separate process and then recorded in the policy issue system. For applications used in direct mail marketing, the beneficiary designation section is on the application. When a paper application is received by the company, all information on the application including a beneficiary's name and relation to the applicant is manually recorded in our policy issue system.
4. Spouse sections (personal information, benefit selection, answers to health questions) throughout the application are bracketed to allow us to delete these sections if an insurance offer is made to one person rather than two (married) people.
5. The billing section is bracketed so that it can be repositioned or billing options may be deleted to accommodate direct bill only or credit card/ bank deduction payment only offers or a combination of payment offers.
6. The phrase "I understand that a separate Policy will be issued to each applicant" that is in the affirmation paragraph is bracketed to allow us the ability to delete the statement if spouse coverage is not offered.
7. "before/within 21 days after" is bracketed to indicate if the first premium is received before the Policy Effective Date" or the first premium is received within 21 days after the Policy Effective Date."
8. The statement "I have read the fraud notice . . ." sentence in the affirmation paragraph is bracketed so it may be deleted if the application is printed without the state fraud notices (if application is mailed in a state that does not require a fraud notice) or if the fraud notices are printed on the front of the application. The statement would appear on a printed application when space constraints require us to print the fraud notices on the reverse side of the application.

Application Verification Form TLTL2200IPA APPVER:

1. The name and address, date of birth, age, marital status, gender, and coverage amount will be unique to each applicant.

2. The Administrative office locations may be:

2700 West Plano Parkway Plano, Texas 75075-8200

520 Park Avenue Baltimore, Maryland 21201

Valley Forge, Pennsylvania 19493

3. The telephone number for customer service will match the company's Administrative office location that will be issuing and administering the issued policy.
4. Either "before" or "within 21 days after the Effective Date" will be printed on an application to reflect when the first premium is due as described in the policy that may be issued to the applicant.
5. The applicant's electronic signature and date of application will be unique to each applicant.
6. The appropriate/required fraud statements will be included or excluded in its entirety depending on the states in which the application is used.